

AUG 2 1 2001

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

Ms. Lorraine R. Fredes Sr. Regulatory Affairs Coordinator Medrad, Incorporated One Medical Drive Indianola, PA 15051

Re:

K011991

Medrad Spectris MR Injector with Communicator™ Option

Regulation Number: 870.1650 Regulatory Class: II (two) Product Code: 74 DXT Dated: July 31, 2001 Received: July 31, 2001

Dear Ms. Fredes:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Current Good Manufacturing Practice requirements, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic QS inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

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This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4586. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsma/dsmamain.html".

Sincerely yours,

James E. Dillard III

Director

Division of Cardiovascular and Respiratory Devices Office of Device Evaluation Center for Devices and

Radiological Health

Enclosure

Indications for Use Statement

510(k) Number:	K011	1991/51		
Device Name:	Medrad Spect	tris MR Injector with (Communicator TM Opti	ion
Indications for Use	::			
system indicated for applications. It is contrast medium in the programme	or delivery of or intended to be not the human	contrast media during used for the specific vascular system for icator connection prov	is a syringe-based fluid g Magnetic Resonance purpose of injecting in diagnostic studies in rides an imaging system are professionals are in	travenous Magnetic interface
(PLEASE DO NOT WE	RITE BELOW THIS	S LINE - CONTINUE ON EEDED)	ANOTHER PAGE IF	
Concur	Tence of CDRH, Off	fice of Device Evaluation (C	ODE)	
		Division of Cardiovascular 510(k) Number	A Respiratory Devices	
Prescription Us	se	OR	Over-The-Count	er Use
(Per 21 CFR 80)1.109)			